Bevisten: MCPA-FE-65-14 (MCRC) SP*TEMER 1965

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHERNT 4.18-C Page 1 ORIS NO.: 0938-0193

State:

ALASKA

A. The following charges are imposed on the medically needy for services:

Service	T Deduct.	Type of Charge Coins. C	ge Copay.	Amount and Basis for Determination
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			.	
	•••			
18 Bo. /S-//]\		

Approval Date 1/10/86

Effective Date 10/1/85

HCFA ID: 0053C/0061E

Revision: HCFA-PM-85-14 (BERC)

SEPTEMBER 1985

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		State: _	ALASKA		
В.	The indi	method used to co viduals:	llect cost shari	ng charges for medica	illy needy
	乊	Providers are re from individuals		llecting the cost she	ring charges
	<i></i>			the full Medicaid rat arges from individual	
C.	char		by which such a	individual is unable n individual is ident	

TN No. 85-// Supersedes TN No. ____

Approval Date 1/10/86

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D.	The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:
E.	Cumulative maximums on charges:

TN No. 85-// Supersedes TN No. ____

Effective Date 10/1/85

HCFA ID: 0053C/0061E